

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90212 033 ***150.00

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DOCUMENT # P01000097819

1. Entity Name
CENTERS FOR NEUROLOGY, INC.



Principal Place of Business
**14838 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484**

Mailing Address
**14838 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **38-3641623**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANGER, JEFFREY L
14838 SOUTH MILITARY TRAIL
DELRAY BEACH FL 33484**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STANGER, JEFFREY L**
STREET ADDRESS **14838 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 **61 4984300**

CR2E034 (10/02)

Attachment Do# P01000097819



SHCC

90132517




Centers for Neurology and Pain Management

5/8/03

To: Whom it may Concern
Re 2003 UBR

This form was originally sent on April 22, 2003. Unfortunately our front desk person dropped it the mail box without putting postage on the envelope. It came back as undeliverable (postage due). I am now resending it. Please extend as a courtesy a grace period for late filing. Thank You for your anticipated cooperation.

Stanger,

Dr. Will Stanger

Divisions: SHCC DBA APCC, Injury and Headache Treatment Centers

- 14838 South Military Trail • Delray Beach, FL 33484 • (561) 498-4300 • Fax (561) 498-4539
- 8197-3 North University Drive • Tamarac, FL 33321 • (954) 720-2800 • Fax (954) 720-6547
- 350 North University Drive • Pembroke Pines, FL 33024 • (954) 438-9889 • Fax (954) 438-9572